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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)
FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4010))		000011-002
Application Number	10/612,445	Filed 07/02/2003
For Packaging Laminates Based on Cardboard and Paper		
Art Unit	772	Examiner Muggins

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$480	\$230
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115

Applicant claims small entity status. See 37 CFR 1.27.

A check in the amount of the fee is enclosed.

Adjustment Date: 08/12/2008 LDIEP1
01/25/2008 PCOMP 00000056 503015

10612445

Payment by credit card. Form PTO-2038 is attached.

02 FC:1253 1050.00 CR

The Director has already been authorized to charge fees in this application to a Deposit Account.

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 503015. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the applicant/inventor.

assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

attorney or agent of record. Registration Number 30,589

attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34 _____

David J. Serbin

Signature

01/24/2008

Date

DAVID J. SERBIN

Typed or printed name

703 299 0035

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

01/25/2008 PCOMP 00000056 503015 10612445

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UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>10/10/88</u>		2 Serial/Patent # <u>10/10/1945</u>		
3 Please refund the following fee(s): <u>8/15/88</u>		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
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<input checked="" type="checkbox"/>	Extension of Time		<u>1/13/88</u>	\$ <u>1050.00</u>
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
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10 REASON: <input type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input checked="" type="checkbox"/> No Fee Due (Explanation): <i>Extension of Time not needed.</i>		<input type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #: 9 <u>50--3015</u>		
11 REFUND REQUESTED BY: TYPED/PRINTED NAME: <u>John Doe</u> <u>Buckles</u> TITLE: <u>Paralegal</u> SIGNATURE: <u>John Doe</u> PHONE: <u>2-4584</u> OFFICE: <u>PTO</u>				
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APPROVED: <u>Red</u>		DATE: <u>8/12/88</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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